

2015 Stand Alone Dental SHOP Plans

Plan ID/ Form Schedue #	87701NH0110001	57601NH0390004		24847NH0060002		87701NH0120001	57601NH0390003		24847NH0080002	
Issuer	Delta Dental	Anthem		Guardian		Delta Dental	Anthem		Guardian	
Plan Name	Delta Dental PPO Family High Plan	Anthem Dental Family Enhanced		Guardian Family Advantage		Delta Dental PPO Family Low Plan	Anthem Dental Family		Guardian Family Essentials	
Metal Level	High	High		High		Low	Low		Low	
Product Type	PPO	PPO		PPO		PPO	PPO		PPO	
Network Coverage	NHN001	NHN001		NHN001		NHN001	NHN001		NHN001	
		In-Network	Out-of-Network	In-Network	Out-of-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$ 50	\$25		\$50		\$ 150	\$50		\$150	
Max Out of Pocket- Individual/Family	\$350 / \$700	\$350 / \$700	No Maximum	\$350 / \$700	No Maximum	\$350 / \$700	\$350 / \$700	No Maximum	\$350 / \$700	No Maximum
Dental Checkup for Children	\$ 15	No Charge after deductible	20% Coinsurance after deductible	No Charge	20% Coinsurance after deductible	\$ 30	No Charge after deductible	30% Coinsurance after deductible	30%	30% Coinsurance after deductible
Basic Dental Care-Child	\$15 Copay and 20% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible		40% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	
Orthodontia-Child	50%	50% Coinsurance after deductible		50%	Not Covered	50%	50% Coinsurance after deductible		50%	Not Covered
Major Dental Care-Child	\$15 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible		50% Coinsurance after deductible	60% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible		50% Coinsurance after deductible	
Routine Dental Services- Adult	\$ 15	No Charge after deductible	50% Coinsurance after deductible	No Charge	20% Coinsurance after deductible	\$ 30	No Charge after deductible	50% Coinsurance after deductible	30%	30% Coinsurance after deductible
Basic Dental Care-Adult	\$15 Copay and 20% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	50% Coinsurance after deductible		50% Coinsurance after deductible	
Orthodontia-Adult	Not Covered	Not Covered		Not Covered		Not Covered	Not Covered		Not Covered	
Major Dental Care-Adult	\$15 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible	75% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	70% Coinsurance after deductible	85% Coinsurance after deductible	50% Coinsurance after deductible	